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** CONTINUING DATA ***** J.A. *****

** FOREIGN APPLICATIONS ***** J.A. *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>J.A.</i>				

ADDRESS
 24943

TITLE

System for distributed network authentication and access control

FILING FEE RECEIVED 528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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